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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	U.S. Serial No.	09/710,239
	Filing Date	10 November 2000
	Applicant(s)	Chang et al.
	Art Unit	1653
	Examiner Name	C. Kam
	Docket No.	FP0400 US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Corrected Drawings (12 Sheets) (Figures 1, 2A, 2B, 3, 4A, 4B, 5, 6A, 6B, 6C, 7A, 7B, 8, 9, 10A, 10B, 10C, 10D, 10E, 10F, 11A, 11B, 11C, 11D, 12A, 12B, 13, 14, 15A, 15B, and 16)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Submission Of Corrected Drawings (2 pages, in duplicate).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		


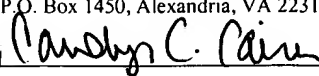
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James E. Nesbitt, Ph.D. Reg. No. 54,575
Signature	
Date	19 May 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Attn: Official Draftsperson, Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on this date: 19 May 2005	
Typed or printed	Carolyn C. Cairns
Signature	
Date	19 May 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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Printed: Carolyn C. Caires

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Chang et al.	Assignee:	FibroGen, Inc.
Serial No.:	09/710,239	Filing Date:	10 November 2000
Examiner:	C. Kam	Group Art Unit:	1653
Title:	RECOMBINANT GELATINS		

Attn.: Official Draftsperson
Mail Stop Issue Fee
Commissioner for Patents
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Alexandria, VA 22313-1450

SUBMISSION OF CORRECTED DRAWINGS

Sir:

In response to the Notice of Allowance mailed on 30 March 2005, transmitted herewith are twelve (12) sheets of corrected drawings for the above-identified application, including Figures 1, 2A, 2B, 3, 4A, 4B, 5, 6A, 6B, 6C, 7A, 7B, 8, 9, 10A, 10B, 10C, 10D, 10E, 10F, 11A, 11B, 11C, 11D, 12A, 12B, 13, 14, 15A, 15B, and 16. These sheets of drawings correct informalities noted by the Draftsperson in the Form PTO-948 mailed with the 22 March 2002 Office Action.

Applicants believe that no fee is due with this communication. If, however, the Commissioner determines that a fee is due or that one has been incorrectly charged, the

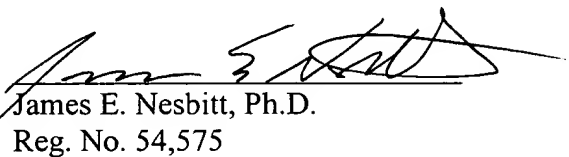
Commissioner is hereby authorized to charge any necessary fees or credit any overpayment to Deposit Account No. **50-0811**. **This form is enclosed in duplicate.**

Please call Applicant's representative directly at 650-866-7289 with any questions regarding this communication.

Respectfully submitted,

Date: 19 May 2005

By:


James E. Nesbitt, Ph.D.
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